FORM D



# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Approval

3235-0076

OMB Number: Expires:

May 31, 2005

Estimated average burden

hours per response . . .



## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
	DATE RECEIVED						

				Sec.			
Name of Offering (☐ check if this is an amend \$400,000 709 Elm/1365 Ohio/638 Nebraska S	<b>U</b> ,	indicate change	.)	DENED CONTRACTOR			
Filing Under (Check box(es) that apply): ☐ Rule 50  Type of Filing: ■ New Filing ☐ Amendment	04 □ Rule 505 ■ Rule 506	☐ Section 4(6)	o ploé	0 7 <b>200</b> 4 >>			
	A. BASIC IDENTIFICATION	ON DATA	14	_ /s/			
1. Enter the information requested about the issuer		,	Possi				
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  PPA Holdings, LLC							
Address of Executive Offices (Number and Street, 19000 MacArthur Blvd., 5th Floor, Newport Beach, 0	ne Number (Including Àréa Code) 949-488-9400						
Address of Principal Business Operations (Number (if different from Executive Offices) sam	one Number (Including Area Code) same						
Brief Description of Business: Ownership and Man	nagement of Apartment Buildings						
Type of Business Organization				MARCECEN			
□ corporation	<ul> <li>limited partnership, already form</li> </ul>	ned	<ul> <li>other (please specify</li> </ul>	PROCESSED			
□ business trust	☐ limited partnership, to be formed	d	Limited Liability Comp				
Actual or Estimated Date of Incorporation or Organi		0	'ear  i ■ Actual □	JUN 1 0 2004; Estimated THOMSON FINANCIAL			
	for Canada: FN for other foreign jurisc	•		• • • • • • • • • • • • • • • • • • •			
CN							

### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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<sup>\*</sup>Please note disclaimer in transmittal letter attached.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner ■ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Stewart, Michael J. Business or Residence Address (Number and Street, City, State, Zip Code) 19000 MacArthur Blvd., 5th Floor, Newport Beach, CA 92612 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Packard, John J. Business or Residence Address (Number and Street, City, State, Zip Code) 19000 MacArthur Blvd., 5th Floor, Newport Beach, CA 92612 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING														
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No •						
Answer also in Appendix, Column 2, if filing under ULOE.														
What is the minimum investment that will be accepted from any individual?								***************************************	\$ 10,0	000_				
2 12 are managed and an or developed with any managed and any									Yes	No				
3. Does the offering permit joint ownership of a single unit?														
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
	ame (Las plicable	t name fi	rst, if inc	lividual)										
	-	sidence A	ddress (	Number a	and Stree	t, City, S	tate, Zip (	Code)						
Name	of Assoc	iated Bro	ker or D	ealer										
							olicit Puro							States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	J 7311 .	States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
	ame (Las	t name fi	rst, if inc	lividual)										
Busine	ess or Res	sidence A	ddress (	Number a	and Stree	t, City, S	tate, Zip (	Code)						
Name	of Assoc	iated Bro	ker or D	ealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									States					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
(IL) (MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	_	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \( \Pi \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold \$ \_ 400,000 \$ 400,000 Debt \$ Equity ☐ Preferred ☐ Common Convertible Securities (including warrants)..... Partnership Interests ..... Other (Specify )..... Total ..... 400,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases Accredited Investors. 400,000 Non-accredited Investors 0 Total (for filings under Rule 504 only) ..... n/a Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Offering Type of Dollar Amount Security Sold Rule 505 n/a Regulation A n/a 0 Rule 504 ..... n/a 0 0 Total ..... n/a 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... 300 Legal Fees 5,000 Accounting Fees...... Engineering Fees 2,500 Other Expenses (identify) -- Closing Costs.... Total ■ 7,800

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS		OCEEDS
	b. Enter the difference between the aggregate offering price given in response to Part Question 1 and total expenses furnished in response to Part C-Question 4.a. This diffe is the "adjusted gross proceeds to the issuer."		e 202.200
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, an estimate and check the box to the left of the estimate. The total of the payments must be equal to the adjusted gross proceeds to the issuer set forth in response to I Question 4.b. above.	furnish s listed	\$ 392,200
		Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees	🗆 \$	□ \$
	Purchase of real estate		□ <b>\$</b>
	Purchase, rental or leasing and installation of machinery and equipment	🗆 \$	□ \$
	Construction or leasing of plant buildings and facilities	🗆 \$	□ \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issue pursuant to a merger)	er	□ \$
	Repayment of indebtedness		□ \$
	Working capital (In the Issuer's business, the application of working capital may		■ \$_392,200
	include the purchase of real estate)		■ \$ <u>392,200</u>
	Other (specify):		
		s	<b>-</b> \$
	Column Totals	□ \$ <u>0</u>	<b>\$</b> 392,200
	Total Payments Listed (column totals added)		392,200
	D. FEDERAL SIGNATURE		
fo	ne issuer has duly caused this notice to be signed by the undersigned duly authorized per Illowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securition quest of its staff, the information furnished by the issuer to any non-accredited investor	es and Exchange Commissi	on, upon written
	suer (Print or Type) PA Holdings, LLC	Date May 28, 20	004
	ame of Signer (Print or Type)  Title of Signer (Print or Type)  Manager		

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)